



COLORADO
Department of
Labor and Employment

CDLE Hilton HHonors Military Program Referral Form

I. HHONORS POINTS RECIPIENT

Date _____

First Name _____ MI _____ Last Name _____ Mask _____

Phone Number _____ Email _____ HHonors Account # _____

II. AGENCY REPRESENTATIVE MAKING REFERRAL

Name _____ Agency _____ Title _____

Email _____ Phone Number _____

☐ I confirm that the military veteran meets current state eligibility criteria for program enrollment.

III. MILITARY STATUS

☐ Has served in the U.S. Military ☐ Veteran has a service-connected disability? VA Disability Rating _____ %

Branch of Service: ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ NG/R ☐ Post 9/11

Date Entered Active Duty _____ Date of Discharge _____ Rank _____

Unit/Organization _____ Home of Record _____

☐ Veteran received a Dishonorable Discharge (Note: If this box is checked the veteran is NOT eligible).

☐ Copy of Veteran's DD214 attached ☐ Copy of Statement of Service attached ☐ Copy of Driver License attached

☐ Copy of Military ID Card attached (TSM) ☐ Copy of Social Security Card attached

IV. JOB INTERVIEW

Employer _____ Job Title _____ Date of Interview _____

Interview Time _____ Interview Location _____

☐ Copy of interview invitation letter is attached

☐ Veteran has attended an interview workshop

☐ Veteran has attended a mock interview

☐ Veteran has proper interview attire

V. JOB or SKILLS TRAINING

Training Provider _____ Course Title _____ Date of Training _____

Training Time _____ Training Location _____

☐ Training Document/Voucher is attached

Hotel accommodation assistance is needed to: ☐ Attend job interview ☐ Attend job/skills training

Hotel reservations will be made at the following Hilton hotel: _____

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Desired Job/Occupation

Current Job skills, Current credentials: degrees, certificates, training, etc.

Credentials/Skills needed for employment in desired job

Living situation (Housing/Relations)

Finance/Transportation needs

Health/Medical/Disability limitations

Dependent care needs

I understand that VETS and the United States Department of Labor, and all persons acting under the direct permission or authority of the Assistant Secretary of Veterans' Employment and Training are released from any liability which may arise out of the use of the CDLE Hilton HHonors Military Program, Hilton HHonors rewards or Hilton hotel accommodations.

I understand that my request for hotel accommodation assistance is based on approval and is not an entitlement and that hotel accommodations are not guaranteed. I understand that enrollment in the Hilton HHonors rewards program is required to participate and receive points provided through the CDLE Hilton HHonors Military Program.

I understand that I will be responsible for any hotel reservations, travel, taxes, fees, damages or any other expense that may arise from my enrollment in or use of the CDLE Hilton HHonors Military program or Hilton HHonors Rewards program.

Print Name _____ Signature _____ Date _____

VII. APPROVAL (To be completed by SVPC or RTC)

APPROVED | Date submitted to Hilton:

DENIED | Reason: